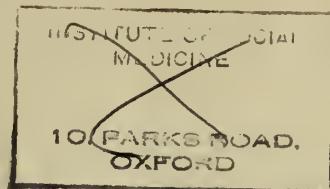


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LOCAL EDUCATION AUTHORITY

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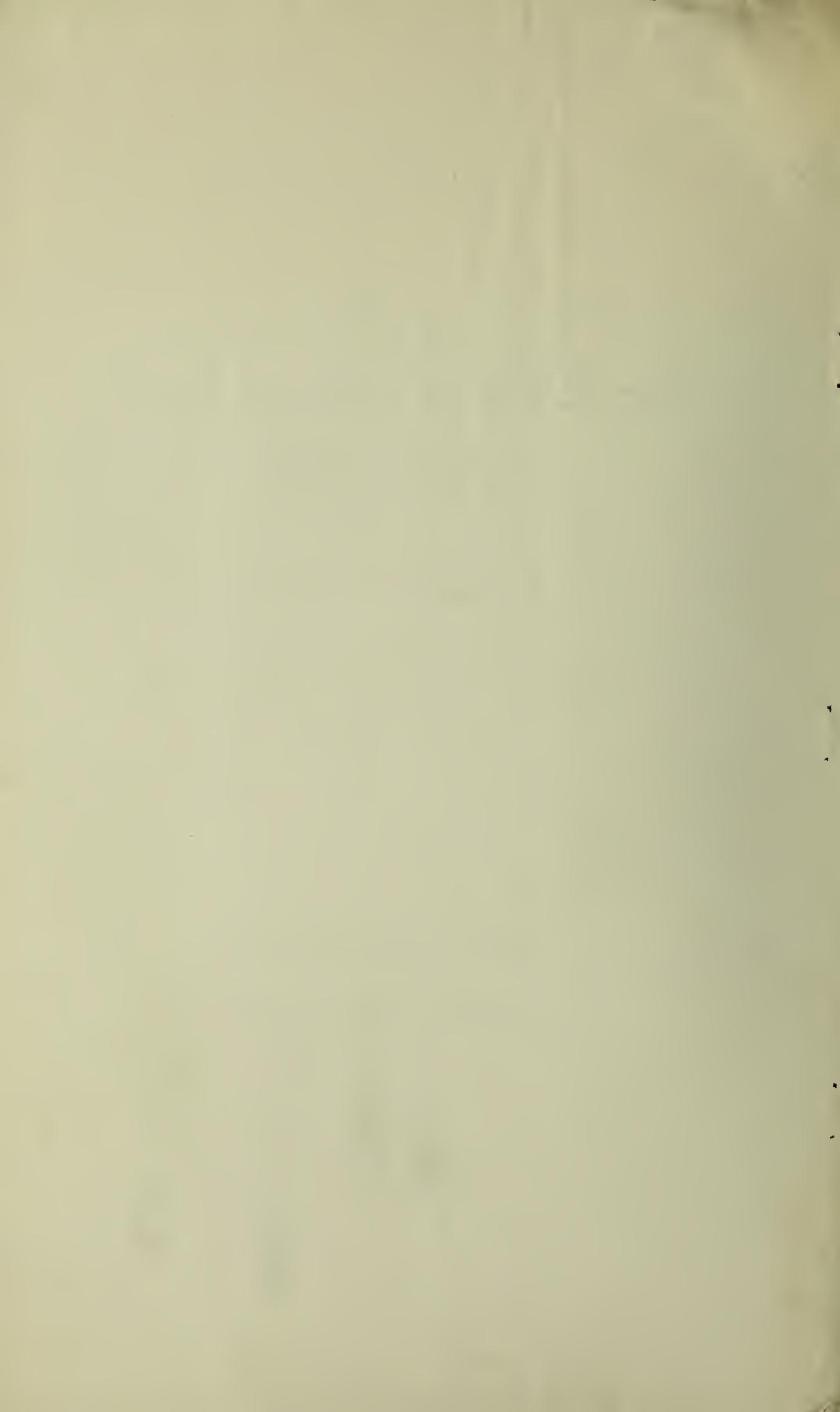
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S C H O O L M E D I C A L O F F I C E R

for the year 1949

J.R. BRUCE, O.B.E., M.A., M.D., D.P.H.
School Medical Officer.

T.H. PARKMAN, M.B., B.S., D.P.H.
Deputy School Medical Officer.



Public Health Department,
44 Wellington Square,
HASTINGS.

May, 1950

To the Chairman and Members of the Education Committee
of the County Borough of Hastings.

Mr. Chairman, Ladies and Gentlemen,

I beg to submit herewith the Annual Report on the working
of the School Medical Service for 1949, again considerably curtailed
in accordance with the instructions of the Ministry of Education.

1. School Accommodation and Buildings

During 1949 the numbers of children on the school registers
rose slightly:-

	<u>1949</u>	<u>1948</u>	<u>1947</u>
Secondary (including Grammar Schools)	2,704	2,617	2,399
Primary County	2,803	2,559	2,590
Primary Voluntary	1,394	1,520	1,625
Nursery Classes	Nil	126	309
Schools for Handicapped Children	161	158	159
 TOTALS:	 7,062	 6,980	 7,082
	—	—	—

So far, the increase in the birth rate from 1945 onwards
has not apparently prejudiced to any extent the entrance of infants
into the infant departments. In this connection, however, the
regrettable closure of over 300 places in Nursery classes for the
time being, has been of material assistance. Also, it must be
remembered that the infants in many instances have had to be
accommodated in church halls, or other temporary buildings, with in
cases undesirable overcrowding. The increased births, in terms of
additional births above pre-war, have averaged about 300 each year
so far for 4 years, and may well remain about 200 additional for
several years to come.

To meet this need, the accepted recommendation of the
Chief Education Officer is as follows:-

"The Authority must provide the equivalent of two infants
schools by 1951, three junior schools by 1953, and two
secondary schools by 1957".

Among the first instalments of this programme, a new
classroom at Red Lake Infants School, was opened in 1949, the new
Hollington Infants School will be completed in 1950 and the Parker
Road Primary Junior and Infants School in 1951.

While these new schools will form a most welcome foretaste
of the building programme, the unsatisfactory hygienic conditions
of the older schools, the shortages due to enemy action in the war,
and the withdrawal of the Nursery classes, are all factors to be kept
continually in mind.

An interesting event in 1949 was the opening of the Hastings

Hotel and Catering School, West Hill, St. Leonards, where pupils, from Hastings and other districts, are taught the principles and practice of every branch of the Hotel and Catering Industries. Included in the curriculum are lectures and demonstrations given by myself and staff on food cleanliness, precautionary measures against food poisoning, the general hygiene of food handling and of the kitchen generally.

2. The Special Schools

The Special School for Educationally sub-normal children at Hollington remained full to capacity in 1949 with, at times, a waiting list. On leaving school, towards the age of 16, nearly all the pupils are able to start work, and generally to retain it under a measure of after-care from the Voluntary After-care Committee. They are not, with few exceptions, either now or later certifiable mental defectives, and generally become stable citizens. The truly certifiable mental defective or ineducable school child now rarely gets to the Special School, unless for a short time, but is transferred with legal safeguards, to the Occupation Centre, under the Health Committee, where practical instruction, suitable to his mental capacity, can be given. As a result the bad name and the stigma of the Special School, so great a handicap in former years to its success, have practically disappeared.

The two open-air schools, Hollington and the Robert Mitchell at Ore, have continued to do excellent health work. Some of the pupils have definite physical defects, e.g. congenital heart disease, crippling or rheumatism, others may be generally delicate, suffer from malnutrition or be close contacts in families with one or more cases of tuberculosis. Results of treatment are generally good, and much appreciated by parents, with the result that a recommendation for admission by the School Medical Officer is usually welcomed.

3. The Child Guidance and Speech Therapy Clinics, 33 Cambridge Road Orthodontic Clinic, Park View Clinic.

The Child Guidance and Speech Therapy Clinics are now well and centrally established at 33 Cambridge Road. Unfortunately, the number of trained personnel in these special branches is strictly limited, and not enough to go round. During the latter part of 1948, the work in both clinics was seriously affected owing to the lack of a Speech Therapist and of two members of the Child Guidance team. Fortunately at the time of writing both services are fully staffed and the work is in full swing.

As regards the Orthodontic Clinic, the sessions have been increased from one fortnightly to one weekly, and as a result the waiting list has been reduced to small dimensions.

4. Incidence of Infectious Disease and General Health

During 1949 the incidence both of notifiable and non-notifiable infectious diseases among school children was comparatively slight. Fortunately Hastings largely escaped the return outbreak of Poliomyelitis (Infantile Paralysis) no school child out of the three definite cases being notified.

The general health and nutrition of the children from observations of my Deputy and myself at the routine School Medical

Inspections and at the clinics remained satisfactory. The classification of nutrition at the inspections being as follows:-

Good ...	29 per cent.
Fair ...	66 per cent.
Poor ...	4 per cent.

5. National Health Service in relation to the School Medical Service

(a) Routine School Medical Inspection

This responsibility, as it has always been, still remains squarely as a statutory duty of the Local Education Authority and its medical staff, with a minimum of three medical examinations during the school life of each child, which number may be increased by the instruction of the Ministry or on the request of an Authority. As practically every child has now a family doctor, it is obvious that defects discovered should be referred or notified to him for his information, whether or not the School Medical Officer arranges for the treatment. The real medical value of routine School Medical Inspection is still a matter for professional discussion and opinion, and is too wide a subject to discuss in this preface.

(b) The work of the School Clinics

On the recommendation of the Ministry and, I believe, with the hearty approval of the general practitioner, parents and teachers, the School Clinic will continue to function as an integral part of the Health Services for the treatment of minor ailments in school children, and generally as the headquarters and clinic of the School Dental Surgeon, both for school children and, if necessary, for expectant and nursing mothers and toddlers. In addition, it will serve as a sorting house where children referred for detailed examination from routine School Medical Inspection or seen at the request of parents or teachers, can be examined at leisure and in detail - the only satisfactory way. Observation can be continued at the Clinic as long as is necessary, and treatment can be decided, to be carried out through the appropriate channel, hospital, specialist or general practitioner.

The existing two clinics are old buildings, specially adapted for the purpose, used also as Infant Welfare and Ante Natal Clinics, which have long become outdated and outmoded. For many years as Medical Officer of Health and School Medical Officer I have advocated the provision of two adequate all purpose Health Centres, specially built for the purpose. But for the war 1939-45, both by now would have been built and functioning, as they had reached a high priority in the list of new works. Now any new School Clinic will probably require to be linked up with the provision of general Health Centres under the National Health Service Act. Initial steps have been taken and sites for five Health Centres have been approved by the Council. Under present conditions, and in view of the fact that the Ministry of Health has decided to gain experience by the erection of experimental Health Centres, the ultimate completion of the programme may be considerably delayed. The medical profession, however, is keen to develop Health Centres, and would, I believe, welcome the choice of Hastings for one of the early centres.

In conclusion it is only right to state that the two Local Authority Health Centres, in spite of everything, have done

very good work in their day and according to their standard, thanks largely to the initiative and energy of the staff.

(c) Hospital and Specialist Services

Prior to the appointed day, July 5th 1948, the School Medical Service had to an increasing extent utilised the hospital services of the district, and where necessary, employed specialists in particular branches of medicine and surgery, e.g.

1. Ophthalmic work and refractions
2. Orthopaedics
3. Ear, Nose and Throat - particularly operative treatment of tonsils and adenoids.
4. Special clinics, e.g. for diabetes, rheumatism and heart cases.

Accidents, medical and surgical cases, were generally admitted to hospital without special arrangement or financial obligation by the Local Education Authority. Under the Education Act, 1944 for a period of about 18 months until the appointed day all hospital and specialist services in relation to Local Authority school children became payable.

After the appointed day, all hospital and consultant services were provided free of charge to the Local Education Authority although it is still open (and indeed advocated by certain authorities) to engage and pay specialists to work in special Local Authority Clinics.

In Hastings, with goodwill all round the change over has, on the whole, proceeded smoothly in relation to the School Medical Service, though obviously there are many difficulties yet to be surmounted. The following notes deal with certain special services.

(1) The Ophthalmic Service

No radical change has yet been made in the procedure, the School Nurse and clerks still being associated with the refraction clinics; all cases referred by the School Medical Officer are automatically accepted for investigation and necessary treatment. The waiting list for refraction is now reduced to small dimensions. The waiting period, however, for the provision of spectacles has increased enormously with the inception of the National Health Service Act, and much public attention and criticism have been focussed on the serious aspects of the delay in relation to school children. It appears to be a national problem of increased demand and shortage of materials and of skilled labour. Some priority can be given to a very small percentage of urgent cases and special requests by the School Medical Officer do receive attention.

A special, well equipped, orthoptic clinic has now been provided at the Royal East Sussex Hospital. It is anticipated that the whole of the ophthalmic service, so far as it is now administered by the Executive Council, will eventually be handed over to the Hospital Service.

(2) Ear, Nose and Throat work

The hospitals continue to accept children recommended by the School Medical Officer for investigation and treatment. The waiting list and time before treatment have been reduced. Urgent cases do receive what priority is possible. On the other hand a period of observation prior to the decision to operate on tonsils and adenoids is no disadvantage in view of the present conservative attitude.

(3) Orthopaedic Department

Previous arrangements at the Clinic at the Royal East Sussex Hospital for investigation, supervision and physiotherapy have been retained on the general lines as agreed between the hospital and the Local Education Authority. The Buchanan Hospital has also now available a well equipped physiotherapy department, where school children can be treated. While cases recommended by the School Medical Officer are accepted, it should be realised that there is a considerable time lag owing to the long waiting lists for clinic investigation and treatment or long term institutional care.

For ultimate success in the treatment of orthopaedic conditions in school children, e.g. defects in posture, flat feet, etc., a very close liaison is necessary between the hospital and the School Medical Service to detect early cases, follow up defaulters and to watch for relapses.

(4) General Medical and Surgical cases.

Most children requiring general in or out-hospital treatment are referred by the family doctor, where necessary in consultation with the School Medical Officer.

(5) Provision of information on discharge by hospitals

This matter has been a subject of considerable concern to all parties interested, the hospitals, the general practitioners, and the Health and School Medical Departments. As a result of early circulars, the local Hospitals have notified the School Medical Officer with regard to the discharge of certain types of cases, particularly orthopaedic.

A recent circular from the Regional Hospital Boards R.H.B. (50) 22, states "the joint responsibility of the family doctor and the School Medical Officer is recognised and it is suggested that the same information (with regard to after care and the provision of services such as home nursing and home helps) should be sent (for school children) both to the family doctor and the School Medical Officer."

Quite apart from this official procedure, for which the detailed machinery has not yet been formulated, far less put into action, the School Medical Officer is fortunately in informal touch with consultants, hospital officers and almoners in many ways with regard to after care and home conditions - this being the statutory duty of the Local Authority under Section 28 of the Act. No doubt in time, with goodwill from all parties, such rough edges as exist at present may be smoothed out, the main point at issue being always the comfort, well being and ultimate recovery of the patient.

(6) The School Dental Service.

The School Dental Service still remains the responsibility of the Local Education Authority. In spite of every effort by repeated advertisements and with some improvement in the salary scale, it was impossible last year (apart from a few months) to appoint a permanent assistant School Dental Officer to augment the work among school children, and to do dental work for expectant and nursing mothers and children under five. The difficulty is twofold, the shortage of dentists, and the financial attractions of the National Dental

Service. Until anomalies are ironed out it seems impossible to fully staff these priority services. The Local Education Authority still remains responsible for a specialist orthodontic clinic for regulating irregular teeth.

(7) Chiropody

The Local Education Authority has also accepted responsibility for the routine chiropodist treatment of Verruca (infective plantar warts) in school children, by arrangements at the White Rock Baths, Chiropody Department. It would appear that the Regional Boards are only prepared, at present, to arrange chiropody in hospitals for certain recognised medical cases, e.g. diabetics and orthopaedics. The matter of the responsibility and provision of general chiropody is at present engaging the attention of a special committee of the Association of Municipal Corporations, both from the point of view of prevention and after-care (which might be the duty of Local Authorities under Section 28) and for actual treatment to relieve pain and deformity (which might be a proper function for the Hospital Service). It should be emphasised that proper foot care, foot wear and early attention to defects and deformities is a matter of prime importance in the case of children of all ages.

In conclusion, it is obvious that the School Medical Service stands on the threshold of important changes in its administration and working. The service was initiated some 40 years ago to fill important gaps in the medical care of school children, when, with few exceptions, parents of all classes were responsible for the cost of home treatment. As the service developed, many of the conditions of urgent importance in the earlier stages, e.g. grossly verminous heads and bodies, impetigo, ringworm, and minor septic conditions, have diminished considerably, while nutrition, clothing and footwear, and general grooming have shown a steady improvement. Latterly other branches of the School Medical Service have developed steadily, and are capable of further development e.g. the investigation and care of the handicapped child, physical or mental; the maladjusted; the child delinquent; postural defects in the school; special ailments of common occurrence in schools, e.g. verruca and so on. It is, therefore, suggested that there is much work of interest and importance waiting to be done and to be developed in which the School Medical Service can play a worthy part as a bridge between the hospital and the general practitioner services, quite apart from its more routine and statutory duties.

In this valedictory report, after 27 years service as School Medical Officer, may I take the opportunity of expressing my most grateful thanks for all possible assistance and co-operation, first of all to the Chairman and members of the Education Committee, to Mr. W. Norman King, Chief Education Officer, and all members of his staff, and Head Teachers and all their staffs, and finally to Dr. Parkman, Deputy School Medical Officer, who has kindly assisted me in the preparation of this report, Mr. Penfold Senior Dental Officer, and to all the other members of the School Medical Staff past and present, who have assisted me so loyally.

I am, ladies and gentlemen,

Yours faithfully,

G. R. BRUCE

School Medical Officer

1. STATISTICAL SUMMARY FOR 1949

- (a) Routine medical examination of 1,452 children in the primary and 181 in the grammar schools. Total - 1,633.
- (b) Medical examination and treatment, where necessary, at the two school clinics of 1,237 children, who made 3,045 attendance.
- (c) 2,234 special inspections and re-inspections by the Medical Officers at the schools and clinics.
- (d) Examination by refraction of 658 cases of defective vision spectacles being prescribed for 364 children.
- (e) Operative treatment of 300 cases of enlarged tonsils or adenoids, or of both conditions, at the local hospitals.
- (f) 809 minor ailments treated at the two clinics.
- (g) Provision of simple treatments, e.g. lotions, ointments, dressings, and nutritive drugs, total issues - 1,141.
- (h) Dental inspection of 5,320 children, 2,275 being actually treated (including casuals).
- (i) Cleanliness inspections at the schools by the school nurses of 21,555 children, 390 individual pupils being found defective in varying degrees.
- (j) Control of infectious diseases, the total exclusions for all purposes being 73. Total home visits - 1,143.
- (k) A complete orthopaedic scheme for the treatment of postural defects and crippling (see special report)
- (l) Child Guidance, Speech Therapy, Orthodontic and Orthoptic Clinics (see special reports)

2. CHANGES IN THE STAFF, SCHOOL MEDICAL SERVICE.

Resignations:

Miss.J.Hepburn, Assistant School Dental Officer - September, 1949.
Miss.B.Reed, Health Visitor and School Nurse - October, 1949.
Miss.I.Chapman, Health Visitor and School Nurse - September, 1949.
Miss.Y.Pearce, School Clinic Clerk - May, 1949.
Miss.L.Blackman, School Clinic Clerk - May, 1949.

Appointments:

Miss.J.Hepburn, Assistant School Dental Officer - December, 1949.
Miss. B.J.Elfick, School Clinic Clerk - May, 1949.
Miss.M.Dale, School Clinic Clerk - May, 1949.
Mrs. A. Winstanley, School Dental Clerk - September, 1949.

3. ARRANGEMENTS FOR MEDICAL, DENTAL, AND CLEANLINESS INSPECTIONS AND TREATMENT DURING 1949.

During 1948, medical, dental and cleanliness inspections were carried out on the lines laid down by the regulations of the Ministry of Education. Periodic medical inspections at the schools are carried out at age-groups 5+, 10+ and 14+. Opinions are divided as to whether the service would be improved by more frequent routine inspections of intermediate age-groups. Bearing in mind that any such expansion would necessitate more medical officers, it would seem that more economic and efficient results can be obtained by encouraging parents and teachers to make more use of the existing facilities at the school clinics, whereby any child can be examined without delay and dealt with at any time during his or her school life.

All the existing arrangements for consultation and treatment of school children previously provided by or in conjunction with the Hospital services under the National Health Service have been continued and are working satisfactorily. A new arrangement for the treatment of plantar warts (verrucae) was initiated whereby the part-time services of a qualified chiropodist at the White Rock Baths were made available, thus relieving the Hospital Outpatient Department of this work; the arrangement is working very satisfactorily.

The existing arrangements for the admission of school children who are severely handicapped, deaf, blind, physically defective etc, to suitable special residential schools or hospital-schools have been continued. The number of places available in these is as few as ever and great difficulty has been experienced throughout the year in obtaining vacancies, particularly for the deaf, blind and maladjusted groups.

4. PRINCIPAL HEALTH PROBLEMS

There was no evidence during the year of any deterioration in the general health, nutrition or physical energy of the school children.

I am glad to report that although a few sporadic cases of poliomyelitis (infantile paralysis) occurred in Hastings and surrounding districts during the year, no case of this disease was reported amongst children of school age in the borough.

5. CO-ORDINATION WITH WORK OF OTHER HEALTH SERVICES.

- (a) Infant and Child Welfare
- (b) Debilitated Children under School Age

The Health Visitors are also School Nurses, so that all the medical and nursing services for the infant, the toddler, and the school child are closely co-ordinated and continuous. The toddler may attend the School Clinics, as well as the Infant Welfare Centres, and receive treatment for minor ailments, also dental treatment.

Under the National Health Service Act, 1948, arrangements for home nursing, home helps, care and after-care, became the duty of the local authority. All these services as they develop

will be of much assistance to school children as well as to the community as a whole.

6. MEDICAL INSPECTION - PRIMARY AND GRAMMAR SCHOOLS

1,633 children were examined at routine school medical inspections. The method of selection of children for examination is in accordance with the instructions of the Ministry of Education.

7. FINDINGS OF MEDICAL INSPECTION

Medical Treatment

(a) Uncleanliness:

1. Total number of examinations of children in the schools by school nurses	21,555
2. Number of individual children found unclean	390 = 1.8 per cent.
3. (a) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	204
(b) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	Nil

The incidence of head infestation shows a marked decrease compared with prewar years; many of the cases recorded are persistent offenders who regularly each term are found to have been re-infected. In many instances this can only be due to reinfection from the mother, and it is generally acknowledged that in these days of the universal permanent wave the incidence of head vermin amongst adult females is distressingly high, as was proved during the war years at A.T.S. intake centres.

There seems also to be a definite link between reinfection and hop-picking, probably due to conditions in the huts provided for family use.

Most cases of head vermin are dealt with satisfactorily by the parents after advice from the school nurse, who provides them with the necessary Saker's comb and Suleo D.D.T. emulsion. A minority of cases who through lack of parental co-operation or other reasons fail to clear, are treated at the school clinics by the nurses with success.

Cases of infestation with the body louse are a rarity - arrangements have been made for such cases to receive the necessary treatment at the disinfection section of the Halton Baths instead of St. Helen's Hospital, as previously.

(b) Minor Ailments

1. Ringworm

7 cases of body ringworm were recorded compared with 14 in 1948; no case of scalp ringworm occurred in 1949.

2. Scabies

The number of cases of scabies among school children

continues to show a steady and encouraging fall from the peak reached during the war years. 4 cases were diagnosed in 1949 by the school health service as compared with 19 in 1948.

Treatment with benzyl benzoate is successfully carried out at the school clinics.

Two further cases were diagnosed by general practitioners and were treated at St.Helen's Hospital, making 6 attendances.

3. Impetigo

33 cases were treated at school clinics compared with 36 in 1948.

4. Other Skin Diseases, Miscellaneous Defects

Minor injuries, burns, scalds, septic sores, abscesses, etc. - 545 were treated, as against 572 the previous year.

5. Ear Defects

178 cases were dealt with as compared with 148 the previous year.

6. Tonsils and Adenoids

86 children received recommendations from the school clinics for operative treatment at one or other of the hospitals as compared with 97 in 1948. The conservative attitude with regard to operative treatment and long observation of cases before a definite decision is made have been continued.

7. External Eye Diseases

132 cases received treatment at the clinics, mainly cases of blepharitis, conjunctivitis, corneal ulcer, etc., compared with 284 cases in the previous year.

8. Tuberculosis

Co-operation and co-ordination with the Tuberculosis Clinic which after the appointed day became the responsibility of the Hospital Management Committee, were fully maintained, particularly in connection with children attending the open air schools. Children who are underweight, debilitated, or have any suspicious symptoms are fully investigated by X-ray, clinical examination and tuberculin skin test and kept under regular supervision. They are retained at the open air schools until they are considered fit to return to an ordinary school.

As the hospital Tuberculosis Clinics are staffed by the School Medical Officer and his deputy as agents for the Hospital Board, the closest cross reference of these cases is maintained.

9. Verruca (infective plantar warts)

Some 83 cases of verruca were diagnosed at the school clinics during 1949, mostly in the summer and autumn when large numbers of school children attended organised weekly swimming lessons. Arrangements for treatment have already been outlined.

The following interim report was made to the Education Committee by Dr.Parkman, Deputy School Medical Officer:

" During the period 25.4.49 to 24.6.49, 40 school children 13 boys and 27 girls, were diagnosed as suffering from infective plantar warts, and the possible source investigated.

Boys (13 cases) showed 9 cases of a single wart (3 right foot, 6 left foot); 1 case with two warts (2 on right foot); 3 cases with multiple warts (1 right foot, nil left foot only, 2 both feet).

Girls (27 cases) showed 20 cases of a single wart (5 right foot, 15 left foot); 7 cases of two warts (3 right foot only, 2 left foot only, 2 both feet); nil cases of multiple infections.

Age Distribution of Cases:

6 years	-	1	11 years	-	6
7 years	-	0	12 years	-	13
8 years	-	0	13 years	-	5
9 years	-	1	14 years	-	7
10 years	-	4	15 years	-	3

Total - 40

It is to be noted that the 6 year old case was the one and only child recorded as never having attended a swimming bath; this child also denied any use of communal gym shoes, use of slipper baths, barefoot games at school, or other family cases. The source of his infection is, therefore, untraced.

Swimming Baths

2 children use the White Rock Baths all the year round.

37 children use the White Rock Baths in summer only.

1 child never goes to the Swimming Baths.

Use of other swimming baths is denied in all cases. It should be noted, however, that practically all these children attend the White Rock Baths with the school swimming sessions, and that the other local swimming bath, the Bathing Pool, has only just re-opened for the season. It is estimated by the Education Department that 24.5% of all school children between the ages of 7 and 16 attend organised swimming sessions at the White Rock Baths. Of the 40 cases, 39 - i.e. 97.5% attend the swimming baths more or less regularly. 3 children use public slipper baths - i.e. 7.5%.

Communal Gym shoes

9 children (22.5%) admit use of communal gym shoes, all these children deny use of such shoes without socks. It is estimated roughly that somewhere around 25% of all children use communal gym shoes for P.T. at school.

Barefooted Games at School

All children deny any barefoot exercises, games etc. at school.

Other cases in Family

In 8 instances out of the above 40 cases (i.e. 20%) a definite history was obtained of one or more other members of the family having a plantar wart or recently having had one.

From a small series of cases such as this, it is not possible

"to draw very definite statistical conclusions. The generally accepted source of infection in swimming baths is obviously confirmed; the use of communal gym shoes appears unlikely as a source, as the incidence of warts in those making use of them is no higher than the estimated percentage of all children using them (i.e. 22.5% against approximately 25%).

It is proposed to continue this investigation for a further period."

All possible precautions against the spread of these verrucae are being taken. The children's feet are inspected by the teachers and swimming instructors before being allowed to swim, all children with verrucae or suspected verrucae are debarred from swimming until certified cured by the School Medical Officer, the decks of the baths are washed down with disinfectant as are also the slatted boards in the cubicles. Children all pass through a disinfectant footbath en route from the undressing cubicles to the swimming bath. I am satisfied that all the necessary precautions to prevent spread are being taken.

10. Defective Vision

644 children were referred for refraction compared with 625 the previous year. Spectacles were prescribed for 364 children of whom 178 had been obtained by the end of the year, the remainder demonstrating the long time lag between prescription and provision of glasses. Mr.A.Hollingsworth, the Ophthalmic Specialist for the Hastings hospitals, reports as follows:-

" During 1949 the School Refraction Clinics continued as before being held by Mr.Mason, Dr.Goodwin and myself. The waiting list has been reduced to small proportions, and new cases referred by the School Medical Officer are seen within a few weeks. Since the inception of the National Health Service, the provision of spectacles for school children is through the Supplementary Ophthalmic Service. The delay in obtaining spectacles has been a serious matter, and many of the children have waited a year, or even longer. Where a short-sighted child has been referred because he cannot see the blackboard at school, he has remained in that unhappy state for as long as two, or in some cases, three terms. The Ophthalmic Surgeons ordering spectacles had little or no control in the first half of 1949 over their supply. Latterly, if priority has been asked for there has been a reduction in the delay.

It is apparently intended that the School Refraction Service shall be taken over shortly by the Hospital Ophthalmic Service, and when this occurs the Ophthalmologists will be in a better position to see that urgent cases receive their spectacles within a reasonable time.

The total number of refractions carried out in 1949 was 644 and 364 pairs of spectacles were ordered. The Orthoptic Department at the Royal East Sussex Hospital has continued to give useful service to the children with squints and muscle imbalance. In all, 143 children were seen, attending on 1,059 occasions. During the year 23 cases were discharged cured."

11. Dental Treatment

Mr.Penfold, School Dental Officer, reports as follows:-

" Routine work is still being held up by the large number

"of requests for casual treatment, as a result it was found possible to inspect about half of the school population during the year. This is a position which can only be remedied by an increase in staff. An Assistant Dental Officer was appointed in October, and it was hoped that at last the Department would be able to catch up with the arrears of work and carry out inspections at all schools at least once a year. The improved conditions, however, were short lived as this officer left us in December.

Children under school age were treated through the Welfare Clinics, 56 cases being dealt with during the year.

The Special Orthodontic Clinic continued its weekly sessions, children putting in 422 attendances at the 48 sessions."

Dental Defects, 1949

(1) Number of children who were:-

(a) Inspected - Routine Age Group:

Age

3	...	...	...	-)
4	...	...	...	31)			
5	...	...	...	284)			
6	...	...	...	430)			
7	...	...	...	559)			
8	...	...	...	385)	Total:	3,995	
9	...	...	...	367)			
10	...	...	...	385)			
11	...	...	...	304)			
12	...	...	...	294)			
13	...	...	...	315)			
14	...	...	...	303)			
15	...	...	...	189)			

(b) Specials 1,325

(c) Total (Routine and Specials) 5,320

(2)	Number found to require treatment:	3,471
(3)	Number actually treated:	2,275
(4)	Attendances made by children:	4,450
(5)	Half days devoted to Inspection 26) Treatment 570)	596
(6)	Fillings - Permanent teeth 1,867) Temporary teeth 911)	2,778
(7)	Extractions - Permanent teeth 358) Temporary teeth 2,074)	2,432
(8)	Administrations of General Anaesthetic	1,477
(9)	Other operations - Permanent teeth 658) Temporary teeth 154)	812

8. INFECTIOUS DISEASES

(a) No school closure was required. The following table shows the incidence of notifiable infectious diseases amongst the school children reported by medical practitioners:

Pneumonia	...	...	...	3
Scarlet fever	...	...	...	40
Erysipelas	...	...	...	1
Poliomyelitis	...	...	...	-
Measles	...	...	...	245
Whooping cough	...	...	...	34
Diphtheria	...	...	...	2
Enteric Fever	...	...	...	1
Cerebral Spinal Meningitis	...	...	...	1

As previously noted, there was fortunately no case of poliomyelitis in a Hastings school child during the year. Incidence of other infectious disease has been light.

(b) Anti-Diphtheria Immunisation

The immunisation campaign continued during 1949 with the co-operation of the teachers, parents and others concerned.

A special effort is always made at the commencement of each term to protect children on entering school who have not been immunised previously and in addition to emphasise the value of boosting injections in children immunised in the first year of school life.

Total number of children completely immunised 489

46 children were of school age and 443 under school age 62 were under the age of 1 year.

60 children received boosting injections.

Only 20 cases were immunised by Private doctors, but since January 1950 a number approaching 200 cases have been notified for the years 1948 and 1949.

Immunising agent used was APT dosage 0.2 and 0.5 cc.

Reinforcing injection - APT 0.5cc or TAF 1.0cc.

(c) Notification of Infectious Diseases

Reported by head teachers, school nurses, school enquiry officers:-

Whooping cough	...	...	...	7 cases.
Measles	...	...	...	235 "
Chicken pox	...	...	...	49 "
Mumps	...	...	...	3 "

(d) Exclusions from School

73 children were excluded from school by the School Medical Officer for the following diseases:

Infectious diseases (including rheumatism and influenza)	5
Diseases of the skin (including ringworm and scabies).	12
Inflammatory conditions of the throat (tonsillitis, adenitis, etc)	11
Nervous conditions (including chorea, epilepsy, etc.)	-
Diseases of the digestive system	1
Bronchial catarrh and colds etc.	5
Heart disease	1
Injuries	-
Diseases of the ear	4
Diseases of the eye	3
Nits and vermin and uncleanliness..	29
Other diseases	2
<hr/>	
Total:	<u>73</u>

9. FOLLOW UP - WORK OF SCHOOL NURSES

Visits of nurses to schools	384
Visits to homes:	
By direct instructions of School Medical Officer	546
At request of School Enquiry Officer ...	23
Following up cases of uncleanliness ...	188
General cases, following up	386
School visits - miscellaneous	144
<hr/>	
Total:	<u>1,671</u>

Examinations of uncleanliness:

Primary	19,252
Secondary	2,303
<hr/>	
	<u>21,555</u>

10. PROVISION OF MEALS AND NUTRITION OF CHILDREN

Considerable improvements were made both with regard to the provision of additional kitchens and dining rooms during the year. Developments, which will be to the great advantage of the service, are continuing. The school medical service co-operates with the School Meals Organiser, particularly in connection with all matters relating to general hygiene and the prevention of infection in food. Milk samples for bacteriological analyses have been taken regularly throughout the year and latterly the results have been on the whole very satisfactory.

Mrs. Ravaut, the School Meals Organiser, reports as follows:

"Number of meals served from 1st January, 1949 to 30th December, 1949 862,921

"Three new kitchen dining rooms were opened and one dining hall. Two kitchens were closed during 1949:-

On 7th March we opened Priory Road Dining Hall

On 9th May we opened Red Lake Kitchen Dining Room

On 30th August we opened Mount Pleasant Kitchen Dining Room

On 10th October we opened Woodland Vale Kitchen Dining Room

The old West St. Leonards School Canteen was closed on 30th July
Clive Vale Kitchen was closed on 31st December.

Number of staff employed at the end of the year was 114. "

Milk in Schools

10th February 1949

No. of children in school	Primary	3811
	Secondary	2316
	Special	134
No. of children taking milk	Primary	3382
	Secondary	1627
	Special	133

16th June, 1949

No. of children in school	Primary	4066
	Secondary	2199
	Special	144
No. of children taking milk	Primary	3567
	Secondary	1575
	Special	142

13th October, 1949

No. of children in school	Primary	3899
	Secondary	2528
	Special	135
No. of children taking milk	Primary	3482
	Secondary	1820
	Special	132

11. CO-OPERATION OF TEACHERS, PARENTS, SCHOOL ENQUIRY OFFICERS AND VOLUNTARY BODIES.

This has been fully maintained.

The attendance of parents at routine school medical inspections was high, particularly at routine inspection of school entrants group, where 100% attendance of parents is a frequent occurrence.

12. BLIND,DEAF, EPILEPTIC AND OTHER HANDICAPPED CHILDREN

The index system has been kept up to date and cases are followed up. Reference has already been made in the introduction of the report to the facilities for educationally sub-normal and delicate children in our two special schools, the Hollington Special and Open Air School, and the Robert Mitchell Open Air School.

13.

(a) OPEN AIR SCHOOLS

An analysis of the numbers attending during 1949 is as follows:

		<u>Hollington</u>	<u>Robert Mitchell</u>
No. remaining on register			
1st January 1949	... ...	17	56
No. of admissions during year ...		14	32 x
No. of discharges during year ...		13 ♂x	30
No. remaining on register			
31st December, 1949	... ...	18	58

x includes 2 cases transferred from Hollington.

♂ 1 case transferred to E.S.N.School.

The conditions from which the children, attending these schools during the year, were suffering are as follows:

		<u>Hollington</u>	<u>Robert Mitchell</u>
Congenital heart disease	... ...	1	5
Rheumatic heart disease	... ...	-	1
Asthma	... ...	3	9
Recurrent bronchitis and bronchiectasis		1	10
Rheumatism including chorea...	...	1	4
Debility and/or subnormal nutrition		16	34
T.B. Glands neck...	... ...	1	11
T.B. bone	... ...	-	2
T.B. contacts, primary lesions, hilar glands etc.	... ...	1	5
Spastic paraplegia	... ...	1	1
Other crippling conditions...	...	2	2
Epilepsy	... ...	-	-
Chronic nephritis	... ...	1	-
Other conditions	... ...	1	4

It may be noted that several children suffer from multiple defects.

It should be remarked that the cases shown as tubercular are all, without exception, non-infectious "closed" cases, so that there is no danger in any way of the infection affecting other pupils.

Children discharged during 1949

Hollington Robert Mitchell

Transferred to ordinary school system	10	26
Transferred to other special institutions or schools	1	1
Transferred to Robert Mitchell Open Air School	2	-
Left district	-	-
Left on attaining school leaving age	-	-

Much of the success of these schools is due to the unremitting vigilance and sympathetic handling of the children by the staff, to whom all credit is due.

(b) EDUCATIONALLY SUB-NORMAL CHILDREN

1. Hollington Special School

No. in attendance January 1949 ...	...	80
No. of admissions during year ...	...	19
No. of school leavers (15 and 16) ...	...	9
No. of transfers to ordinary schools ...	...	7
No. of transfers to institutions ...	...	1
No. of exclusions as ineducable...	...	2
No. left district ... ... ...	...	1
No. in attendance December 1949...	...	79 *

* including 2 East Sussex County Council cases.

(c) RESIDENTIAL TREATMENT WITH EDUCATION

Under the National Health Service, the local education authority remains responsible for the education of children in hospital residential institutions, such as :-

Heritage Craft Schools and Hospital, Chailey.
Royal National Orthopaedic Hospital, Stanmore.
Lord Mayor Treloar's Hospital, Alton.

In the more purely educational institutions, e.g. for the deaf and blind, the local education authority remains entirely responsible. It is still a difficult matter to get places in any residential institution, particularly for the deaf, blind and maladjusted, and also for educationally sub-normal children. The total number of children in various institutions at the end of 1949 was:-

Blind ...	...	...	1
Deaf ...	...	...	4
Asthma ...	...	...	2
Spastics...	...	...	2
Anterior Poliomyelitis	...	...	1
Cripple ..	...	...	1
Surgical tuberculosis	...	...	4
Maladjusted ...	...	...	5
Coeliac Disease ...	...	...	1
Total:			<u>21</u>

(d) Special arrangements for the attendance of children suffering from diabetes continued to be made under the National Health Service at the Special Clinic at the Royal East Sussex Hospital. It is hoped to develop more after-care attention for these children by the Health Visitors and also to create other groups, in special clinics if possible, e.g. chorea, heart, rheumatism and asthma.

Children suffering from orthopaedic conditions and tuberculosis are already dealt with in their appropriate clinics, both for treatment and after-care.

14. ORTHOPAEDIC CLINIC

All orthopaedic defects occurring in school children are referred to the orthopaedic clinic at the Royal East Sussex Hospital for consultation and treatment. Liaison is maintained by one of the school nurses who follows up defaulters and certain cases after termination of treatment.

	<u>Orthopaedic cases</u>	<u>Sun-Ray cases</u>
No. of new cases referred by the School Clinics during 1949	... ... 75	5

15. EMPLOYMENT OF SCHOOL CHILDREN, 1949

The number of children medically examined for purposes of employment during the year was 65.

Details of the licences issued are as follows:-

Delivery of newspapers ...	...	19
Errands ... ...	...	32
Assisting in shops ...	...	6
Gardening ... ...	...	1
Assisting in delivery of bread...	...	1
Assisting in delivery of milk ...	...	3
Houschold duties ... ...	...	3
<hr/>		
Total:		<u>65</u>

16. CHILD GUIDANCE CLINIC

The Child Guidance Clinic, which was housed most satisfactorily at 33 Cambridge Road during 1948, has continued to do excellent work although severely handicapped by staff shortages. Fortunately at the time of writing this report the team is again complete and arrears of work are being rapidly liquidated.

Dr. Pribram, the Psychiatrist, submits the following report:-

"

EAST SUSSEX JOINT CHILD GUIDANCE CLINIC, HASTINGS

In the year 1949, the Hastings Child Guidance Clinic has worked throughout without a Social Worker; the social histories and interviews with parents were taken over by the Psychiatrist, while Miss. Blythen, the Educational Psychologist undertook visits in addition to her other work. At the same time, the policy of the Clinic was changed for a time, in

"order to clear up the formidable waiting list. The Waiting List (in some cases extending over 1½ years!) was reviewed, and the cases visited; those who for some reason (improvement or disappearance of symptoms, removal from the district etc.) were no longer in need of an interview, were eliminated. The rest of the cases were seen in quick succession; those who needed treatment were put on a treatment list, while those who needed advice and some supervision, or had to be referred elsewhere, were cleared up. In this way the Waiting List was reduced to 12 or 13 to date, and it is now possible for any case to be seen within a few weeks. A Treatment Waiting List has been started and is now on the way to being cleared up.

It has been found that in some cases the unity of treatment for mother and child by the same person has produced quicker results than in the former way. There are of course, other cases in which the division of work may be more satisfactory.

Unfortunately, Miss Blythen, the Educational Psychologist left at the end of the summer holiday to take up work elsewhere, and she has not yet been replaced. She is a great loss to the Clinic, as in addition to her own work she had taken on a good deal of the administrative work of the Clinic.

The following figures show the work done for the Borough during the year:

<u>Sessions</u>	176
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Psychiatrist:

diagnostic interviews....	64
treatment interviews	291

Educational Psychologist:

Intelligence tests in Clinic	....	....	31
Coachings in Clinic	....	....	45
Tests in schools	....	....	4
School visits	....	....	9

During the year treatment begun in the previous year, 1948 has been carried on with - 11 Hastings cases and 3 County cases.

In addition, 64 new Borough cases and 19 new County cases have been seen. Details of the cases are given below:-

OLD CASES

Under treatment	....	....	5)
Case closed - left area or transferred	....	....	2)
No co-operation	....	....	3)
At completion of treatment	....	....	1)

<u>Treatment Results:</u>	<u>Closed</u>	<u>Current</u>
Satisfactorily adjusted	1	-)
Improved	1	2)
Slightly improved	2	1)
I.S.Q.	2	1)
Awaiting treatment	-	1)

"NEW CASES: 1949

Diagnosis and advice	20)	
Diagnosed and awaiting treatment	6)	
Closed - left area or transferred	9)	
No co-operation	3)	
At completion of treatment	8)	
Under treatment	18)	64

Treatment Results:

	<u>Closed</u>	<u>Current</u>	
Satisfactory adjusted	5	-)	
Much improved	11	8)	
Slightly improved	-	3)	45
I.S.Q.	3	4)	
(Treatment just commenced)	-	11)	

Condition for which referred:

Organic disorder	-)	
Nervous disorder	8)	
Habit disorder	16)	
Behaviour difficulties	30)	
Educational retardation	10)	64

Sources of referral:

School Medical Officers	26)	
Chief Education Officer & Schools	7)	
Juvenile Court	5)	
Parent	1)	
Private Practitioners	8)	
Social and other Agencies	17)	64
		"

17. SPEECH THERAPY CLINIC

Miss.Boase, the speech therapist, resigned in July 1949, and in spite of repeated advertisements it was not possible to appoint a successor until January 1950, when Mrs.F.N.Wood commenced duties. The clinic therefore, was closed for the last five months of the year.

The following cases relate to work carried out from January to July only, 1949.

No. of new patients admitted	17
No. of patients discharged	26
No. of patients attending at end of July.	39
Total No. of patients who received treatment during the year	61

Proportion of appointments kept 161/210 = 76%

Types of cases:

Stammering	19
Dyslalia	32 (including 8 cases sigmatism)
Alalia	1
Deafness (partial)	2
Cleft Palate	7

Average attendance at each session:

Morning	5
Afternoons	6

MINISTRY OF EDUCATION TABLES

TABLE I - Medical inspections of children attending maintained primary, secondary and grammar schools:-

(a) Periodic Medical Inspections:

Number of inspections in the prescribed groups:

Entrants	...	...	...	487
Second Age Group	...	...	...	483
Third Age Group	<u>663</u>
				1,633

Number of other periodic inspections

Total	<u>1,633</u>
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(b) Other Inspections:

Number of special inspections 1,175

Number of re-inspections 1,059

Total	<u>2,234</u>
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TABLE II - Classification of the nutrition of children inspected during the year in the routine age groups.

Age Groups	No. of Children Inspected	A		B		C	
		Good	%.	Fair	%.	Poor	%.
Entrants	487	120	24	346	71	21	4
Second Age Group	483	138	28	325	67	20	4
Third Age Group	663	223	33	415	63	25	4
Other periodic inspections	-	-	-	-	-	-	-
Total	1,633	481	29	1,086	66	66	4

TABLE III - Verminous conditions (page 9, paragraph 7.)

TABLE IV - Group I - Treatment of Minor Ailments (excluding uncleanliness)

(a) Total number of defects treated or under treatment during the year 2,451

(b) Total number of attendances at authority's minor ailments clinics 3,045

Group II - Treatment of Defective Vision and Squint

Under the Authority's Scheme

Errors of Refraction (including squint) 644

Other defect or disease of the eyes (excluding those recorded in Group I) 14

No. of children for whom spectacles were:-

(a) prescribed 364

(b) obtained 178

Group III - Treatment of Defects of Nose and Throat

Under the Authority's Scheme

Received operative treatment	300
Received other forms of treatment	<u>92</u>
Total number treated	<u>392</u>

TABLE V - Dental Inspection and Treatment

1. Number of children inspected by the Dentist:

(a) periodic age groups	3,995
(b) specials	<u>1,325</u>
Total	5,320

2. Number of children found to require treatment

3,471

3. Number actually treated

2,275

4. Attendances made by children for treatment

4,450

5. Half days devoted to:

(a) Inspection	26
(b) Treatment	<u>570</u>
Total	596

6. Fillings:

Permanent Teeth	1,867
Temporary Teeth	<u>911</u>
Total	2,778

7. Extractions:

Permanent Teeth	358
Temporary Teeth	<u>2,074</u>
Total	2,432

8. Administration of general anaesthetics for extraction

1,477

9. Other operations:

Permanent Teeth	658
Temporary Teeth	<u>154</u>
Total	812

TABLE VI - Blind and Deaf Children

Number of totally or almost totally blind and deaf children who are not at the present time receiving education suitable for their special needs:

Blind - Nil
Deaf - 1 girl

